



CONSTRUCTION DEPARTMENT APPLICATION FOR EMPLOYMENT

(Please print or type)

Position(s) applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you learn about Spring Brook Construction?

- Advertisement, Friend, Walk-In, Employment Agency, Relative, Other: \_\_\_\_\_

First Name Middle Initial Last Name

Address/City/State/Zip Code

Telephone Number(s) Best time to call Social Security #

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No\*

\*IF YOU DO NOT HAVE A VALID DRIVER'S LICENSE DO NOT CONTINUE FILLING OUT THIS APPLICATION.

Have you ever been known by any other names or aliases? \_\_\_\_\_

Have you ever filed an application with Spring Brook before? Yes No If yes, give date: \_\_\_\_\_

Have you ever been employed with Spring Brook before? Yes No If yes, give date: \_\_\_\_\_

Are you currently employed? Yes No If yes, where and may we contact your present employer? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) Yes No

On what date are you available for work? \_\_\_\_\_ Full Time Part Time Temporary

Are you currently on "Lay-Off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Some positions require climbing on ladders & scaffolds & lifting items of seventy pounds or greater to a height of approximately four feet. Would you require any reasonable accommodations to be able to perform these tasks?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

If you answer yes, please specify what accommodations you would require: \_\_\_\_\_

If hired, do you have access to reliable transportation, which will ensure that you arrive to work on time and remain at work until the end of your assigned workday or shift:

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

Have you been convicted of a felony within the last 7 years? If yes, please explain (Conviction will not necessarily disqualify an applicant from employment)

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

\_\_\_\_\_

List any relatives working for Spring Brook: \_\_\_\_\_

Can you speak, read and/or write any foreign languages? If yes, which ones: \_\_\_\_\_

\_\_\_\_\_

Name & Address of School	Course of Study	Yrs. Completed	Diploma/Degree
Elm. School _____	_____	_____	_____
High School _____	_____	_____	_____
Grad. School _____	_____	_____	_____
Other: Specify _____	_____	_____	_____

Describe any specialized training, apprenticeship, skills and extra-curricular activities: \_\_\_\_\_

\_\_\_\_\_

Describe any job-related training received in the United State Military: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you served in the U.S. Armed Forces? \_\_\_\_\_ Peace Time? \_\_\_\_\_ War Time? \_\_\_\_\_

What Branch of Service? \_\_\_\_\_ Which War? \_\_\_\_\_

Period of Enlistment: \_\_\_\_\_ to \_\_\_\_\_

If you were deferred, state ground for deferral: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experiences.

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Indicated below job skills you've acquired and equipment you can operate					
Include time spent in each area (years, months, week)					
SKILLS	HOW MUCH WORK		SKILLS	HOW MUCH WORK	
	School	Work		School	Work
<input type="checkbox"/> Mechanical			<input type="checkbox"/> Computer PC		
<input type="checkbox"/> Electrical			<input type="checkbox"/> CRT		
<input type="checkbox"/> Building Constr.			<input type="checkbox"/> Work Process		
<input type="checkbox"/> Plumbing			<input type="checkbox"/> Lotus		
<input type="checkbox"/> Cabinets			<input type="checkbox"/> Fax		
<input type="checkbox"/> Millwork			<input type="checkbox"/> Calculator		
<input type="checkbox"/> Building Supply			<input type="checkbox"/> Drill Press		
<input type="checkbox"/> Sales			<u>Welder</u>		
<input type="checkbox"/> Customer Services			<input type="checkbox"/> Mig		
<input type="checkbox"/> Drafting			<input type="checkbox"/> Tig		
<input type="checkbox"/> Roofing			<input type="checkbox"/> Stick		
<input type="checkbox"/> Siding			<input type="checkbox"/> Read Tape		
<input type="checkbox"/> Drywall			Measure		
<input type="checkbox"/> Foam Seal			<u>Saws</u>		
<input type="checkbox"/> HVAC			<input type="checkbox"/> Radial Arm		
<input type="checkbox"/> Blueprint Reading			<input type="checkbox"/> Table		
<input type="checkbox"/> Commercial Art			<input type="checkbox"/> Other		
<input type="checkbox"/> Bookkeeping			<u>Air Tools</u>		
<input type="checkbox"/> Supervision			<input type="checkbox"/> Staplers		
<input type="checkbox"/> Quality Control			<input type="checkbox"/> Nailers		
<input type="checkbox"/> First Aid/CPR			<input type="checkbox"/> Routers		
<input type="checkbox"/> Other			<input type="checkbox"/> Mechanical		
<u>Truck Driver</u>			<u>Overhead</u>		
<input type="checkbox"/> Van			<input type="checkbox"/> Crane & Hoist		
<input type="checkbox"/> Flatbed			<input type="checkbox"/> Other		
<input type="checkbox"/> Forklift					
<input type="checkbox"/> Typewriter			<input type="checkbox"/> Printing Press		

Any additional information you feel may be helpful to Spring Brook in considering your application: \_\_\_\_\_

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**\*To applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB WHICH YOU APPLYING.**

Are you capable of performing in a reasonable manner the activities in the job or occupation for which you may have applied? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender national origin, disabilities or other protect status.

Employer:	Dates Employed From	Dates Employed To	Work Performed
Address:			
Telephone Number(s):	Hourly Rate/Salary Starting:	Hourly Rates/Salary Final:	
Job Title/Supervisor:			
Reason for leaving:			

Employer:	Dates Employed From	Dates Employed To	Work Performed
Address:			
Telephone Number(s):	Hourly Rate/Salary Starting:	Hourly Rates/Salary Final:	
Job Title/Supervisor:			
Reason for leaving:			

Employer:	Dates Employed	Dates Employed	Work Performed
	From	To	
Address:			
Telephone Number(s):	Hourly Rate/Salary	Hourly Rates/Salary	
	Starting:	Final:	
Job Title/Supervisor:			
Reason for leaving:			

**WORK REFERENCES:**

Name/Address (List at Least 3 References)	Relationship	Phone# w/AC

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information give in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Arrange Interview: \_\_\_\_ Yes \_\_\_\_ No  
Remarks:

\_\_\_\_\_

\_\_\_\_\_  
Interviewer Date

Employed: \_\_\_\_ Yes \_\_\_\_ No

Job Title: \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By: \_\_\_\_\_  
Name and Title Date

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_